

Case Number:	CM14-0045577		
Date Assigned:	06/27/2014	Date of Injury:	02/05/2006
Decision Date:	10/13/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who reported an injury on 2/5/2006 to her low back. The utilization review dated 01/25/12 indicated the injured worker complaining of radicular low back pain into the lower extremities. The injured worker utilized a back brace on an intermittent basis. The injured worker also utilized transcutaneous electrical nerve stimulation (TENS) unit as part of home exercise program. A clinical note dated 05/22/13 indicated the injured worker complaining of persistent low back pain with intermittent leg pain. The injured worker also reported intermittent numbness and tingling in the lower extremities. The injured worker utilized Norco, Trazodone, Lorazepam, and Gabapentin. A clinical note dated 05/05/14 indicated the injured worker continuing with 8/10 low back pain. The injured worker continued with Norco. Intermittent spasms continued in the low back with pain radiating to the right lower extremity to the foot. The injured worker demonstrated 15 degrees of lumbar extension with 35 degrees of flexion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prospective request 1 Kidney and liver function test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The injured worker utilized ongoing pharmacological interventions including opioid therapy for ongoing complaints of low back pain. Kidney and liver function test is indicated for injured workers who have demonstrated either kidney or liver function issues or has been identified as continuing with inability to properly metabolize drug regimen. No information was submitted regarding the patient's difficulty metabolizing any medications or ongoing liver or kidney dysfunction. Given this, the request is not indicated as medically necessary.

Prospective request for 1 lab test, chem panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: Given that no information was submitted regarding inability to metabolize prescribed drug regimen or complaints of general health this request is not indicated as medically necessary.

Prospective request for 1 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dealing with Misuse & Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The injured worker continues with opioid therapy. Urine drug screen is indicated for injured workers with continuing use of opioids in order to monitor compliance. Given these ongoing use of opioid therapy this request is reasonable.